FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS			
DOCUI	MENT # 602614	(0)				
	ERS ANIMAL CLINIC, P.A.	• •				
FLAND	ENS AMIMAL CLIMIC, P.A.			LIANCE BOOK BOOK CORE CONTROL	Bill bibli dibit bibli bibli bibli bibli bibli bibli	
Principal Place	of Business	Mailing Address			\$\$D\$ D1011 01011 \$1011 01011 01011 01011 01011	
6315 KATHLEEN ROAD		6315 KATHLEEN ROAD	i			
LAKELAND FL	. 33809	LAKELAND FL 33809	•			
US		U\$		Date Incorporated or Qualified	Co. Data of Lost Board	
				12/30/1970	3a. Date of Last Report 02/24/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1311268	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27		5. Softmone of Standa Bosined	Fee Required	
23	,	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	This corporation has liability for i Florida Statutes Y Yes	Intangible tax linder's 199,032,	
	Name and Address of Current	Registered Agent		10. Name and Address of New R	_	
			81 Name			
FORTNE			82 Street	Address (P.O. Box Number is Not Acceptab	nle)	
P.O. BOX 326 422 S. FLORIDA AVENUE LAKELAND FL 33802			<u> </u>	eet Modress (* 101 Dox Harrings is Not Acceptable)		
			83			
			84 City		85 Zip Code	
44 Durayant t	o the gradient of Section 607 0500					
or register	o the provisions of Sections 607.0502 and agent, or both in the State of Florida	and 607.1508, Florida Statut ii: Such change was authori	es, the above-named co ed by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appo	pose of changing its registered office	
	h, and accept the obligations of, Section				11/ -1-1	
SIGNATURE _	Sprutine, typed or printed name of registered agent a	Mariantano Mi	PLE Registered Agent signature in	4	4/25/96	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 THILE	PD	Change Addition	
NAME	FLANDERS,L BENNETT		1.2 NAME	FLANDERS L. BENNE.	TT	
STREET ADDRESS	1825 N. CRYSTAL LAKE		1.3 STREET ADDRESS	FLANDERS L. BENNE. 6315 Kath Pen Rd		
CITY-SI-ZIP	LAKELAND FL		1.4 CITY - ST - ZIP	LAKELAND FL 3380	9	
TITLE	SD Fortner, Ray	DELETE	2 1 TITLE		Change Addition	
NAME	422 S FLA AVE		2.2 NAME			
STREET ADDRESS	LAKELAND, FL 00000		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LANLESITE, I'L 00000	DELETE	2.4 CITY-ST-ZIP			
NAME .		□ berear	3 1 TITLE 3 2 NAME		Change Addition	
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	i		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition	
NAME		•	4.2 NAME		E susside E suddings	
STREET ADDRESS			4.3 STREET ADORESS			
CITY-S1-Zi2			4.4 CITY+ST-ZIP		ļ	
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITLE		☐ Change ☐ Addition	
NAME STREET ADORESS			6.2 NAME			
STREET ADDRESS			6 3 SYREET ADDRESS			
14. I do hereby	certify that the information supplied with	h this filma is voluntarily furni	shed and does not cure	lify for the exemption stated in Section 119.0	27/03/13 []	
certify that	the information indicated on this annual	report or supplemental annu	al report is true and ac	illy for the exemption stated in Section 119.0 curate and that my signature shall have the s e this report as required by Chapter 607, Flor 	77(3)(K), Florida Statutes, I further same legal effect as if made under	
appears in	Block 12 or Block 13 if charged or on	ap attackment with in addre	: empowered to execute ≥ss.	ones report as required by Chapter 607, Flor	rida Statutes; and that my name	

SIGNATURE:

4/25/96 941 859-1100